

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Community Bankers Association of Illinois FedPac

ADDRESS (number and street)

901 Community Drive

☐Check if different  
than previously  
reported. (ACC)

Springfield

IL

62703

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00291914

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☒October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert J. Wingert

Signature of Treasurer

Electronically Filed by Robert J. Wingert

Date

10

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 16

Write or Type Committee Name

Community Bankers Association of Illinois FedPac

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		15380.16
(b) Cash on Hand at Beginning of Reporting Period .....	16285.67	
(c) Total Receipts (from Line 19) .....	4111.97	13498.32
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	20397.64	28878.48
7. Total Disbursements (from Line 31) .....	3107.02	11587.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17290.62	17290.62
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 16

Write or Type Committee Name

Community Bankers Association of Illinois FedPac

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2435.56	5324.56
(ii) Unitemized .....	1656.62	4675.76
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4092.18	10000.32
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4092.18	10000.32
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	3445.05
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	19.79	52.95
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4111.97	13498.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4111.97	13498.32

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1107.02	8837.86	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1107.02	8837.86	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2750.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3107.02	11587.86	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3107.02	11587.86	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4092.18	10000.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4092.18	10000.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1107.02	8837.86
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	3445.05
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1107.02	5392.81

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Community Bankers Association of Illinois FedPac

**A.**

Full Name (Last, First, Middle Initial)

Jerry Cavanaugh

Mailing Address 2338 Elmhurst Court

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBAI

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.6544

Amount of Each Receipt this Period

240.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jerry Cavanaugh

Mailing Address 2338 Elmhurst Court

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBAI

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.6566

Amount of Each Receipt this Period

10.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jerry Cavanaugh

Mailing Address 2338 Elmhurst Court

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBAI

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.6596

Amount of Each Receipt this Period

10.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Community Bankers Association of Illinois FedPac

**A.**

Full Name (Last, First, Middle Initial)

Jerry Cavanaugh

Mailing Address 2338 Elmhurst Court

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBAI

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.6628

Amount of Each Receipt this Period

10.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

James R Dingman

Mailing Address PO Box 9

City

Orion

State

IL

Zip Code

61273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BankOrion

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.6588

Amount of Each Receipt this Period

80.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael Graham

Mailing Address 235 Everett Street  
PO Box 2528

City

East Peoria

State

IL

Zip Code

61611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwestern Securities Tra-  
ding

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	1	0

Transaction ID: SA11AI.6539

Amount of Each Receipt this Period

240.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

330.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Community Bankers Association of Illinois FedPac

**A.**

Full Name (Last, First, Middle Initial)

Dennis Hesker

Mailing Address P.O. Box 128

City

Okawville

State

IL

Zip Code

62271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The FNB of Okawville

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.6556

Amount of Each Receipt this Period

110.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Dennis Hesker

Mailing Address P.O. Box 128

City

Okawville

State

IL

Zip Code

62271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The FNB of Okawville

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.6593

Amount of Each Receipt this Period

110.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Rick Jameson

Mailing Address Box 9

City

Tremont

State

IL

Zip Code

61568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tremont Savings Bank

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6557

Amount of Each Receipt this Period

120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Community Bankers Association of Illinois FedPac

**A.**

Full Name (Last, First, Middle Initial)

Rick Jameson

Mailing Address Box 9

City

Tremont

State

IL

Zip Code

61568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tremont Savings Bank

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.6594

Amount of Each Receipt this Period

65.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Gerald Johnson

Mailing Address P.O. Box 97

City

Grand Ridge

State

IL

Zip Code

61325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The First National Bank

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.6555

Amount of Each Receipt this Period

149.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Gerald Johnson

Mailing Address P.O. Box 97

City

Grand Ridge

State

IL

Zip Code

61325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The First National Bank

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.6592

Amount of Each Receipt this Period

149.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

363.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Community Bankers Association of Illinois FedPac

**A.**

Full Name (Last, First, Middle Initial)

Joseph Porter

Mailing Address 100 South Fourth Street  
Suite 1100

City State Zip Code  
St. Louis MO 63102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Polsinelli Shughart PC

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.6548

Amount of Each Receipt this Period

240.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

David Schroeder

Mailing Address 107 W Sheridan Place

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CBAI

Occupation  
VP Federal Governmental Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.47

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.6551

Amount of Each Receipt this Period

120.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

David Schroeder

Mailing Address 107 W Sheridan Place

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CBAI

Occupation  
VP Federal Governmental Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.13

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.6570

Amount of Each Receipt this Period

51.66

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

411.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Community Bankers Association of Illinois FedPac

**A.**

Full Name (Last, First, Middle Initial)

David Schroeder

Mailing Address 107 W Sheridan Place

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBAI

Occupation

VP Federal Governmental Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.6600

Amount of Each Receipt this Period

31.70

Contribution

**B.**

Full Name (Last, First, Middle Initial)

David Schroeder

Mailing Address 107 W Sheridan Place

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBAI

Occupation

VP Federal Governmental Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.6632

Amount of Each Receipt this Period

41.68

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Francis Smith

Mailing Address 576 Latham Drive

City

Bourbonnais

State

IL

Zip Code

60914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomeStar Bank

Occupation

Director/EVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.6552

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

323.38

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Community Bankers Association of Illinois FedPac

**A.**

Full Name (Last, First, Middle Initial)

Mary Sulser

Mailing Address P.O. Box 268

City

Chester

State

IL

Zip Code

62233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Buena Vista National BankOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.6591

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Donald Tate

Mailing Address 806 N. Keller

City

Effingham

State

IL

Zip Code

62401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crossroads BankOccupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.6590

Amount of Each Receipt this Period

92.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Wingert

Mailing Address 901 Community Drive

City

Springfield

State

IL

Zip Code

62703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Bankers Associa-  
tion of ILOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.6545

Amount of Each Receipt this Period

240.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

382.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Community Bankers Association of Illinois FedPac

**A.**

Full Name (Last, First, Middle Initial)

Robert J. Wingert

Mailing Address 901 Community Drive

City

Springfield

State

IL

Zip Code

62703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Bankers Associa-  
tion of ILOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.6571

Amount of Each Receipt this Period

8.34

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert J. Wingert

Mailing Address 901 Community Drive

City

Springfield

State

IL

Zip Code

62703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Bankers Associa-  
tion of ILOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.6601

Amount of Each Receipt this Period

8.34

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Wingert

Mailing Address 901 Community Drive

City

Springfield

State

IL

Zip Code

62703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Bankers Associa-  
tion of ILOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.6633

Amount of Each Receipt this Period

8.34

Contribution

SUBTOTAL of Receipts This Page (optional) .....

25.02

TOTAL This Period (last page this line number only) .....

2435.56

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Community Bankers Association of Illinois FedPac

<b>A.</b> Full Name (Last, First, Middle Initial) CBAI	<b>Transaction ID:</b> SB21B.6572 <b>Date of Disbursement</b>																				
Mailing Address 901 Community Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	7		2	0	1	0												
City Springfield State IL Zip Code 62703	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Postage Candidate Name	<table border="1"> <tr> <td colspan="10">61.00</td> </tr> </table>	61.00																			
61.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CBAI	<b>Transaction ID:</b> SB21B.6614 <b>Date of Disbursement</b>																				
Mailing Address 901 Community Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	8		2	0	1	0												
City Springfield State IL Zip Code 62703	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement July/August Postage Candidate Name	<table border="1"> <tr> <td colspan="10">22.44</td> </tr> </table>	22.44																			
22.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CBAI	<b>Transaction ID:</b> SB21B.6615 <b>Date of Disbursement</b>																				
Mailing Address 901 Community Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	8		2	0	1	0												
City Springfield State IL Zip Code 62703	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement August/September Admin Fee Candidate Name	<table border="1"> <tr> <td colspan="10">122.00</td> </tr> </table>	122.00																			
122.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**205.44**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Community Bankers Association of Illinois FedPac

A.

Full Name (Last, First, Middle Initial)

David Schroeder

Mailing Address 107 W Sheridan Place

City  
Lake Bluff

State  
IL

Zip Code  
60044

Purpose of Disbursement  
Travel Reimbursment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6626

Date of Disbursement

/   /

Amount of Each Disbursement this Period

422.89

SUBTOTAL of Disbursements This Page (optional) .....

422.89

TOTAL This Period (last page this line number only) .....

628.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Community Bankers Association of Illinois FedPac

**A.**

Full Name (Last, First, Middle Initial)

DONALD A. MANZULLO FOR CONGRESS

**Transaction ID:** SB23.6582

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

Mailing Address PO Box 7783  
PO Box 7783

Amount of Each Disbursement this Period

500.00
--------

City Rockford State IL Zip Code 61126

Purpose of Disbursement  
Event

Category/ Type
-------------------

Candidate Name  
DONALD A. MANZULLO FOR CONGRESSOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 16

**B.**

Full Name (Last, First, Middle Initial)

KIRK FOR SENATE

**Transaction ID:** SB23.6606

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	0

Mailing Address P.O. Box 8

Amount of Each Disbursement this Period

500.00
--------

City Winnetka State IL Zip Code 60093

Purpose of Disbursement  
8/26/2010 Event

011
Category/ Type

Candidate Name  
KIRK FOR SENATEOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 10

**C.**

Full Name (Last, First, Middle Initial)

REID VICTORY FUND

**Transaction ID:** SB23.6562

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	0

Mailing Address 607 14th Street, NW  
Suite 800

Amount of Each Disbursement this Period

1000.00
---------

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name  
REID VICTORY FUNDOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District: 00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

2000.00